

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**    Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>Edenburgh Mitchell</b>			STATE FILE OR BIRTH NUMBER <b>15-044491</b>		
	BIRTH DATE	Month <b>November</b>	Day <b>23,</b>	Year <b>1915</b>	CITY OR TOWN <b>Saluda,</b>	COUNTY <b>S. C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name			Edgebure Mitchell		Edenburgh Mitchell
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Edenburgh Mitchell</i>				RELATIONSHIP <b>Self</b>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Dec. 17 19 79</b>			SIGNATURE OF NOTARY <i>Marvella C. Banks</i> NOTARY COMMISSION EXPIRES Notary Public, South Carolina State at Large My Commission Expires Jan. 26, 1980		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>19</b>			SIGNATURE OF NOTARY <b>19</b>		

**DO NOT WRITE BELOW THIS LINE**

**ABSTRACT**  
of  
Supporting  
Evidence  
(for health  
dept. use)

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
1	D.C. Motor Vehicle Permit #2121848 filed in Washington, D. C.	3-21-69
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Edenburgh Mitchell - DOB 11-23-15	
2		
3		

**DHEC No. 613**

Rev. 2/75

**ADDITIONAL INFORMATION**

I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.

**ASSISTANT STATE REGISTRAR**

*Ann Rivers*

**EVIDENCE REVIEWED BY**

*Marvella C. Banks*

**DATE FILED**

*12/20/79*

*0639*